

MINNESOTA MUTUAL

NOTICE OF DEATH

The Minnesota Mutual Life Insurance Company • P.O. Box 259708 • Madison, WI 53725-9708 • For Further Information Call: 608/277-8690

NAME (LAST)		FIRST	MIDDLE	MAIDEN
ADDRESS (STREET)		CITY	STATE	ZIP CODE
SOCIAL SECURITY NUMBER	BIRTHDATE (Mo/Day/Yr)		DATE OF DEATH (Mo/Day/Yr)	
EMPLOYER NAME				
LAST DAY WORKED (Mo/Day/Yr)		LAST DAY ON PAYROLL (Mo/Day/Yr)		PREMIUMS COLLECTED BY EMPLOYER FOR COVERAGE THROUGH (Mo/Yr)
TERMINATION OF ACTIVE EMPLOYMENT OCCURRED BECAUSE OF				

IS THERE EVIDENCE THAT DEATH MAY HAVE BEEN ACCIDENTAL IF YES, PLEASE EXPLAIN

☐ Yes ☐ No

	AMOUNT OF INSURANCE IN FORCE	
	Municipal Employee	State Employee
Basic Life Coverage	\$ _____	\$ _____
Supplemental Coverage	_____	_____
Additional Coverage	_____	_____
Accidental Death Benefit, If Applicable	_____	_____
TOTAL INSURANCE PAYABLE	\$ _____	\$ _____

Possible Beneficiaries or Contact Named Below

NAME			Relationship	ADDRESS			
Last	First	Middle		Street	City	State	Zip Code

I understand that Wisconsin Statutes, s. 943.395, provide criminal penalties for knowingly making false or fraudulent claims on this form and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

SIGNATURE OF EMPLOYER'S AUTHORIZED REPRESENTATIVE X	DATE (Mo/Day/Yr)
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